

| POSITION                  | INITIALS  | ID NO.       | DATE             |
|---------------------------|-----------|--------------|------------------|
|                           | <i>XD</i> |              | <i>01/19/00</i>  |
| FEE DETERMINATION         |           |              |                  |
| O.I.P.E. CLASSIFIER       |           |              |                  |
| FORMALITY REVIEW          |           |              |                  |
| RESPONSE FORMALITY REVIEW | <i>MB</i> | <i>70014</i> | <i>2/11/2000</i> |
|                           |           |              | <i>4/28/00</i>   |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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DESI AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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